PRINTED: 07/27/2012
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
PoC #2	445296	A. BUILDING _____ B. WING _____	C 07/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF EAST RIDGE	1500 FINCHER AVENUE EAST RIDGE, TN 37412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure a safety device was in place as recommended for one resident (#1) of five residents reviewed. The findings included: Resident #1 was admitted to the facility on June 20, 2012, with diagnoses including history of Cardiovascular Accident (Stroke) with left-sided Hemiparesis; Psychotic Disorder Mood Disorder due to General Medical Condition; Peripheral Vascular Disease (PVD); and Right Foot Transmetatarsal Amputation (TMA). Medical record review of a Fall Risk Evaluation dated June 2, 2012, revealed a resident who scores ten or higher is at risk (of falls); the resident scored fourteen. Medical record review of a Care Plan Intervention dated June 26, 2012, revealed, "Gym mats placed on both sides of the bed and foot of the bed."	F 323	This plan of correction is submitted and required under Federal and State regulations and statutes applicable to long term care providers. The plan of correction does not constitute an admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan of correction does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited is correctly applied. 1. Resident #1 had additional gym mats placed at right side and foot of bed by nursing staff on 7/23/2012. 2. All other residents with gym mat orders were audited on 7/24/12 by nursing administration to ensure gym mats in place as ordered, and all were found to be in compliance.	8/9/12 8/20/12

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 8/3/12

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

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F 323	Continued From page 1 Medical record review of a Physician's Telephone order dated July 6, 2012, revealed, "...Gym mats to floor while pt (patient) is in bed..." Observation of the resident, in the resident's room, on July 23, 2012, at 2:20 p.m., confirmed the resident was lying on the bed. Continued observation revealed only one gym mat was on the floor, directly beside the resident's left side of the bed. Continued observation, in the presence of the Director of Nursing, at 4:00 p.m., revealed only one gym mat was on the floor, directly beside the resident's left side of the bed. Interview with the Director of Nursing at 4:05 p.m., in the Conference Room, confirmed the gym mats were to be in place on both sides and at the foot of the resident's bed. Continued interview confirmed the facility failed to ensure mats were in place on the resident's right side and at the foot of the resident's bed. C/O #30075	F 323	3. An educational in-service was conducted on 8/2/12 by the Director of Nursing or designee for the staff regarding the importance of ensuring gym mats are in place correctly and observed daily. Nursing administration will conduct random gym mat audits for four weeks and then monthly for four months, to determine proper application of gym mats is being followed. Director of Nursing and Administrator will be notified of the audit findings weekly to ensure compliance. 4. The Director of Nursing or designee will report observation results to the Quality Assurance Committee (consisting of Medical Director, Director of Nursing, Administrator, Social Services Director, Pharmacist and other interdisciplinary team members) monthly for four months for further recommendations if needed. The Administrator will monitor to ensure continued compliance.	